



HEALTH COMPANY ABSTRACT OF STATEMENT

NORTH DAKOTA INSURANCE DEPARTMENT

SFN 53892 Rev. 11-2003)

INSTRUCTIONS ON
REVERSE

TWO forms must be returned
(1 completed original plus 1
copy of original)

ALL INFORMATION MUST BE TYPEWRITTEN.

| | | |
|-------------------|-------------------|--|
| Name of Company | NAIC Company Code | FOR YEAR ENDING DECEMBER 31, 20 . |
| State of Domicile | | |

MUTUAL COMPANY: Delete reference to capital

PLEASE DROP ALL CENTS

| DATA FROM ANNUAL STATEMENT OF COMPANY | | SOURCE OF DATA |
|---|--|----------------|
| ALL INFORMATION MUST BE CORRECT; SUBJECT TO PENALTY. | | |
| TOTAL ASSETS | | Page 2 |
| TOTAL LIABILITIES | | Page 3 |
| Common capital stock | | Page 3 |
| Preferred capital stock | | Page 3 |
| Gross paid in and contributed surplus | | Page 3 |
| Surplus Notes | | Page 3 |
| Aggregate write-ins for other than special surplus funds | | Page 3 |
| Unassigned funds (surplus) | | Page 3 |
| LESS treasury stock, at cos: (1) _____ shares common (value included in item 19 \$ _____) (2) _____ shares preferred (value included in item 20 \$ _____) | | |
| TOTAL CAPITAL AND SURPLUS | | Page 3 |
| TOTAL LIABILITIES, CAPITAL AND SURPLUS | | Page 3 |

NORTH DAKOTA BUSINESS ONLY

| ACCIDENT & HEALTH | DOLLARS | SOURCE OF DATA State Page |
|-----------------------|---------|------------------------------|
| TOTAL PREMIUMS EARNED | | Line 13 |
| TOTAL AMOUNT INCURRED | | Line 15 |

| | | |
|-----------------------------------|---|----------|
| Name of Person Completing Form | Telephone Number (prefer toll-free, if available) | |
| Title | | |
| Name of Person to Send Invoice To | | |
| Division and/or Department | | |
| Address for Invoice | | |
| City | State | Zip Code |

INSTRUCTIONS

Complete in typewritten form only as all forms must be clear and legible.

One original and one copy is required. You must submit one original abstract of statement plus one copy for the North Dakota Advertising Service Inc.'s use.

Insert the company name, and state of domicile where the insurance company is incorporated in the appropriate space at the top of the form. Do not abbreviate. Do not use the street address. An alien company may insert the state where their principal United States branch office is located.

Please mail on or before March 1:

North Dakota Insurance Department
600 E Boulevard Ave Dept 401
Bismarck ND 58505-0320